

2671

PTO/SB/21 (02-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/654,101	RECEIVED JUL 09 2004 Technology Center 2600
	Filing Date	August 31, 2000	
	First Named Inventor	Anderson et al.	
	Art Unit	2671	
	Examiner Name	Phu K. Nguyen	
Total Number of Pages in This Submission	19	Attorney Docket Number	786515600032

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
<div>Remarks</div>		

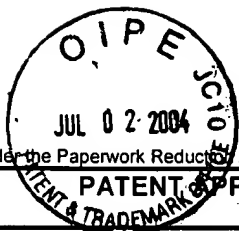
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John V. Biernacki Jones Day
Signature	
Date	June 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kathie J. Kopczyk		
Signature		Date	June 28, 2004

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PTO/SB/17 (10-03)
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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/654,101

CLAIMS AS FILED – PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	75 minus 20 =	* 55
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 9 =	495
x \$ 39 =	-0-
+ \$ =	-0-
TOTAL	850

OR

OR

OR

OR

OR

RATE	FEE
	\$
x \$ =	
x \$ =	
+ \$ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 60	Minus	** 75	= 0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	-0-
x \$ 43 =	43
+ \$ =	-0-
TOTAL ADD'L FEE	43

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ \$ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ \$ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ \$ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ \$ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ \$ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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